

# In the Supreme Court of the State of Alaska

**Arnold D David,**

Petitioner,

v.

**State of Alaska,**

Respondent.

Supreme Court No. S-17472

## **Notice of Intent to Enter Judgment For Cost of Appointed Attorney**

Date of Notice: **10/22/2019**

Trial Court Case No. **3AN-14-08309CR**

Unless you or the prosecutor objects by **12/6/2019** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

<b>Type of Appellate Proceeding</b>	<b>Misdemeanor</b>	<b>Felony</b>
Petition for Sentence Review	\$ 250	\$ 500
Petition for Review	500	1,000
<b>Petition for Hearing</b>	500	<b>1,000</b>
Original Application	500	1,000

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts

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Sarah Anderson, Deputy Clerk

cc: Arnold David  
PO BOX 141564  
Anchorage AK, 99514

### Distribution:

Mail:  
Barber, Michael L., Public Defender - Contract  
Ringsmuth, Eric

# In the Supreme Court of the State of Alaska

**Arnold D David,**

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Supreme Court No. **S-17472**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **10/22/2019**

Trial Court Case No. 3AN-14-08309CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Petition for Hearing
  - ☐ Petition for Review
  - ☐ Petition for Sentence Review
  - ☐ Original Application
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Appellant/Petitioner's Daytime Phone

\_\_\_\_\_  
Appellant/Petitioner's Signature

\_\_\_\_\_  
Appellant/Petitioner's Mailing Address      City                      State                      Zip

Mailed to State's Attorney on: \_\_\_\_\_ (Date)